Santa Cruz County									•	FY 20/21 Q1									
Name of LGA											Fiscal Year & Quarter								
HSD-SSI/Medi-Cal Benefits  Name of Claiming Unit										1 Number of Staff									
										Nulli	DEI UI	Jian							
Address	e Avenue, Bldg. B, Santa Cruz, CA 95060																		
Nikki Yates									•	831-515-2873									
Contact Person										Phone Number									
	of Claiming Unit Functions  I/Medi-Cal Benefits program involves Medi-Cal eli	gibility assist	ance. The M	edi-Cal Health	n Clien	t Bene	fits R	epres	entati	ve wi	l cond	luct F	acilita	ting N	/ledi-C	`al			
	activities to potentially eligible General Assistance							<b></b>											
		NUMBER OF STAFF																	
		NUMBER OF STAFF				MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)													
STAFF JOB CL	ASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20			
Health Client Benefits Representative			1				1				1		1			1			
					-														
					1														
					1														
Note: uses Actual Client Count (ACC)					-														
			1			466				166			466	466					
CODE 4 =	Medi-Cal Outreach		Discount Mo	ethod:		ACC				ACC			ACC	ACC					
CODE 6 =	Referral, Coordination, and Monitoring of Medi-C	Cal Services																	
CODE 8 = CODE 10 =	Facilitating Medi-Cal Application  Arranging and/or providing Non-Emergency, Non	Modical Tra	ncnortation t	o a Modi Cal	covoro	d convi	60												
CODE 12 =	Contract Administration (A) for Medi-Cal services				overei	u sei vi	CE												
CODE 13 =	Contract Administration (B) for Medi-Cal services																		
CODE 15 = CODE 16 =	Program Planning and Policy Development (A) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients  Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for																		
	Medi-Cal services for Medi-Cal clients																		
CODE 17 =	Program Planning and Policy Development (B) (Non Medi-Cal clients	on-Enhanced	d) for Medi-Ca	al services for	Medi-C	cal and	1												
CODE 18 =	Program Planning and Policy Development Skilled		ıl Medical Per	sonnel (SPMP	) (B) (E	nhanc	ed) fo	r											
CODE 19 =	Medi-Cal services for Medi-Cal and Non Medi-Cal MAA/TCM Coordination and Claims Administration																		
CODE 20 =	MAA/TCM Implementation Training	···																	
	s certification, I certify the information provided he d Medi-Cal Administrative Activities (CMAA) describ																		
I also certify	that invoices submitted to the state Department of the CUFG and the CCUG. I confirm that all necessary	Health Care	Services for re	eimbursement	t shall l	be bas	ed on	the ir	form	ation									
classification	s included herein is accurate and maintained on file	. I understan	d the claiming	g unit docume	ents sh	all be s	subjec	t to th											
	l of the state Department of Health Care Services an tation of the activities described herein may constitu					es. An	iy kno	wing											
Nikki Yates Signature (CMAA LGA Coordinator)							Data												
Signature (CMAA LGA Coordinator)							Date												
Approval Sign	nature (CMAA Analyst)					-	Date												
DHCS Rev. 7.1.18																			